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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No.: 10/813,741
Filed: 03/31/2004
Applicant: Krakovsky
For: Potency Package Two

Examiner: Roberts, Darin
Group Art: 3762

Response to Notice Requiring Excess Claims Fees

Commissioner for Patents
PO Box 1450
Alexandria, VA22313-1450

Sir:

This is in response to a notice requiring excess claims fees mailed 07/06/2006, a copy of which is attached.

I have attached a check for \$330 to cover the excess claims fee of \$150 and \$180 to cover the fee for a late information disclosure statement.

Respectfully submitted

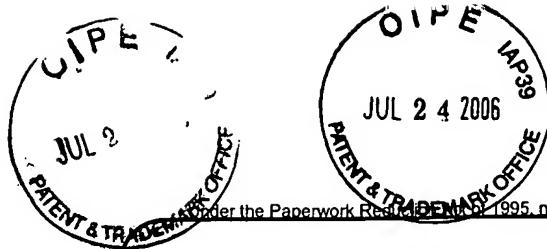
John R. Ross
Regis. No.:30,530
PO Box 2138
Del Mar, CA 92014
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07/25/2006 SLUANG1 00000004 10813741

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180.00 DP

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PTO/SB/21 (09-04)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/831,741
Filing Date	03/31/2004
First Named Inventor	Krakovsky
Art Unit	3762
Examiner Name	Roberts, Darwin
Attorney Docket Number	

ENCLOSURES (Check all that apply)																		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC																
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences																
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)																
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information																
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter																
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): check to cover excess claims and IDS																
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer																	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund																	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____																	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD																	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53																		
Remarks																		
<p style="text-align: center;">SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</p> <table border="1"> <tr> <td>Firm Name</td> <td colspan="3">John R. Ross</td> </tr> <tr> <td>Signature</td> <td colspan="3"></td> </tr> <tr> <td>Printed name</td> <td colspan="3">John R. Ross</td> </tr> <tr> <td>Date</td> <td>7/20/2006</td> <td>Reg. No.</td> <td>30,530</td> </tr> </table>			Firm Name	John R. Ross			Signature				Printed name	John R. Ross			Date	7/20/2006	Reg. No.	30,530
Firm Name	John R. Ross																	
Signature																		
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Date	7/20/2006	Reg. No.	30,530															

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	John R. Ross	Date	7/20/2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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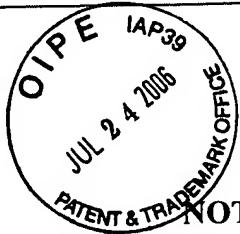
UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/813,741	03/31/2004	Alexander A. Krakovsky		5136
7590	07/06/2006		EXAMINER	
John R. Ross P.O. Box 2138 Del Mar, CA 92014			ROBERTS, DARIN	
			ART UNIT	PAPER NUMBER
			3762	

DATE MAILED: 07/06/2006

Please find below and/or attached an Office communication concerning this application or proceeding.

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NOTICE REQUIRING EXCESS CLAIMS FEES

The excess claim(s) filed on June 27, 2006 is not accompanied by the appropriate payment of excess claims fees set forth in 37 CFR 1.16(h)-(j) or 1.492(d)-(f). Excess claims fees are required for each claim in independent form in excess of three (§ 1.16(h)), each claim (whether dependent or independent) in excess of twenty (note that § 1.75(c) indicates how multiple dependent claims are considered for fee calculation purposes) (§ 1.16(i)), and each application that contains a multiple dependent claim (§ 1.16(j)).

Since the application is not under a final rejection, applicant is given a time period of **ONE (1) MONTH or THIRTY (30) DAYS** from the mailing date of this notice, whichever is longer, to submit either: (1) the fee payment of \$150.00, or (2) an amendment in compliance with 37 CFR 1.121 that cancels the excess claim(s), in order to avoid ABANDONMENT. Extensions of this time period may be granted under 37 CFR 1.136, unless the excess claim(s) was presented in a preliminary amendment.

- 1. The funds in Deposit Account No. _____ are insufficient to cover the entire fee due. The balance is due within the time period set forth in this notice. See note below regarding the appropriate service charge.
- 2. The Credit Card payment to cover the entire fee due to Account _____ (Card type + last 4 digits ONLY) was refused. The balance is due within the time period set forth in this notice. See note below regarding the appropriate service charge.
- 3. The amendment that includes the excess claim(s) has not been entered, since applicant has failed to remit (or authorize charge to a Deposit Account or Credit Card) the fee as indicated on the attached Patent Application Fee Determination Record (PTO/SB/06). Remittance or authorization is due within the time period set forth in this notice.
- 4. The fee submitted in this application is insufficient. A balance of \$ _____ is due for presentation of excess claims (37 CFR 1.16(h)-(j) or 1.492(d)-(f)).
- 5. Other.

Explanation (Provide specific details of the required correction in order to assist the applicant. Indicate whether a service charge has been added to the fee due):

\$180.00 is also due for the Information disclosure statement.

THE AMOUNT OF THE FEE(S) DUE IS SUBJECT TO CHANGE, GENERALLY ON OCTOBER 1 OF EACH YEAR (37 CFR 1.16, 1.21 & 1.492). THE AMOUNT OF THE FEE(S) DUE IS DETERMINED AS OF THE DATE A COMPLETE REPLY WITH THE APPROPRIATE FEE(S) IS RECEIVED BY THE OFFICE (37 CFR 1.8 & 1.10). BECAUSE THE AMOUNT DUE IS SUBJECT TO CHANGE, IT IS RECOMMENDED THAT APPLICANT CHECK THE CURRENT FEE SCHEDULE WHICH IS AVAILABLE ON THE USPTO'S WEBSITE AT: <http://www.uspto.gov/web/offices/ac/qs/ope/fees.htm>

Service Charges: There is a \$50 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21(m)). There is a \$25.00 service charge for each month when the balance of a deposit account is below \$1000 at the end of the month (37 CFR 1.21(b)(2)).

07/25/2006 SLUANG1 00000004 10813741
 01 FC:2202 150.00 UP

Ruby Johnson (571) 272 - 4359

Technical Support Staff (TSS)

2006 SLUANG1 00000004 10813741 Please do NOT use this notice if the application is under a final rejection.

150.00 UP